

Euthanasia Checklist

Euthanasia Date 7-23-26 ID # 41251 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets
Oral (strength mg) ml Route: IM
Inj. 10mg/ml 3 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] IP
6 ml Route: XIV IP

Determination of Death

- 5 minutes post injection [redacted]
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]


- 30 minutes post injection [redacted]
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

7/23/26

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41251	CUSTODY DATE MM/DD/YY	7-17-25	TIME	4:55	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS		
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known) 	ADDITIONAL INFORMATION TO much for her to take care of her Bella
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ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	Beagle	Tri	Approximate AGE: 1 1/2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 60 <input checked="" type="checkbox"/> LB
<input type="checkbox"/>			OTHER:


ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	None	Scan: 7-17-25 Scan: 7-18-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 7-17-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow the procedures.

SIGNATURE: 

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 7-18-25
DATE: (MM/DD/YY) 7-23-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): 

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
		7-23-25 Euth				

Did you contact another shelter? NO
 Why did they decline to accept?